



Division of Regulation and Licensure
Section for Long Term Care

LTC BULLETIN

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Flu and Pneumonia Shots

Influenza season is just around the corner, and nursing home residents are at especially high risk for complications from the disease. Pneumonia and influenza are the seventh-leading cause of death in Missouri and the nation; providing influenza and pneumococcal vaccine is one of the best and most cost-effective ways to protect residents' health.

One important way to protect residents in long-term care facilities from flu and its complications is to make sure that workers in those facilities have their vaccinations. The Advisory Committee on Immunization Practices (ACIP) has recommended vaccination for health care workers for many years. In February 2006, the Centers for Disease Control and Prevention (CDC) published recommendations that emphasize the importance of annually vaccinating all health care personnel in virtually all health care settings, including nursing homes and skilled nursing facilities, and persons who provide home health care. Facilities that employ health care personnel are strongly encouraged to provide vaccine to their staff members.

Because staff members provide care to patients at high risk for complications from

influenza, they should be considered a high priority for expanding influenza vaccine use. Influenza transmission and outbreaks in hospitals and nursing homes are well documented. Personnel can acquire influenza from patients or transmit influenza to patients and other staff. Despite the documented benefits of immunization on patient outcomes, staff absenteeism, and reducing influenza infection among staff, less than 50 percent of healthcare workers receive vaccinations.

In addition, workers older than 65 and those who have underlying chronic medical conditions or who might be pregnant are at increased risk for influenza-related complications. Achieving and sustaining high vaccination coverage will protect staff and their patients, and reduce disease burden and health-care costs.

It is also essential that long-term care facilities provide flu vaccine to all of their residents annually, between October 1 and March 30. The Centers for Medicare and Medicaid Services (CMS) require participating nursing homes to provide residents with the opportunity to be immunized against influenza. Residents should also be offered one dose of adult pneumococcal vaccine after age 65. The facility must document in residents'

medical record whether residents received or refused the vaccines.

Medicare Part B covers both flu and pneumococcal vaccines, so there are few financial barriers to providing this service. Administrators may bill Medicare Part B for both the vaccine and administering the vaccine.

Resources: Influenza vaccination for health care personnel, *Recommendations and Reports*, Feb 24, 2006 / 55(RR02);1-16 (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm?s_cid=rr5502a1_e).

ACIP recommendations for influenza: *Recommendations and Reports*, July 29, 2005 / 54 (RR08);1-40 (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5408a1.htm>).

ACIP recommendations for adult pneumococcal vaccines: *Recommendations and Reports*, April 04, 1997 / 46(RR-08);1-24 (<http://www.cdc.gov/mmwr/preview/mmwrhtml/00047135.htm>). □



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Infection Control: What Works Best?

By Eddie Hendrick

Several years ago the Missouri Communicable Disease Advisory Committee developed, "Infection Control Precautions for Long Term Care Facilities." These guidelines recognize there are many different ways to isolate patients who have infectious diseases. For instance, some acute-care hospitals isolate all patients with airborne diseases, such as tuberculosis and measles, together. Others isolate by specific disease (e.g. tuberculosis only) or by infections carried in the blood such as HIV. These different isolation methods and their accompanying precautions are confusing and too complex for use in long-term care.

Moreover, the above isolation procedures may work only if a person's disease is known. Many times, a patient's underlying disease is unknown or may lie dormant for a long period. If this is the case, those treating the patient may fail to take appropriate precautions and become infected.

It makes far greater sense for health-care professionals to treat a person's moist body substances, such as saliva and urine, and all surfaces they soil, as infectious, rather than to focus precautions solely on those diagnosed with a specific disease. This approach, called Body-Substance Isolation (BSI), recognizes that many people have infections such as HIV, Hepatitis B or C and Staph, but are symptom-free. It also recognizes that medical history and examination cannot identify all persons infected with disease.

BSI is an interactive-driven system whose main premise is simple: the primary source of infection in people is moist body substances or surfaces soiled by them. Consistent, precautionary practices are necessary to prevent disease transmission to others. If the following precautions are used consistently, the risk to health professionals and caregivers from infected and symptom-free patients is reduced.

Gloves should be worn any time a health professional or caregiver will be in contact with mucous membranes, non-intact skin (e.g. broken or inflamed skin), and/or any moist body fluid or surface-soiled hands.

Aprons or gowns should be worn when it is likely that clothing will be soiled with body substances like urine, blood and saliva.

Face and eye protection should be worn when eyes and/or mucous membranes will be splashed with body substances like urine, blood and saliva.

Hand washing should take place whenever hands are soiled with body substances, before performing invasive procedures and after removing gloves.

These practices are the cornerstone of infection prevention because they do not depend upon knowledge of a patient's underlying condition or disease. □

Influenza and Pneumococcal Immunization Program for Long-Term Facilities

By Pat Prince

Regulation 42 CFR 483.25(n), F334, Influenza and Pneumococcal Immunizations, is effective 10/15/06 requiring each Medicare-certified and Medicaid-certified facility to develop and implement an influenza and pneumococcal immunization program.

To comply with this regulation, facilities must employ a comprehensive set of policies and procedures that ensure all residents have an opportunity to receive influenza and pneumococcal immunizations.

For information on immunization programs, see <http://www.cdc.gov/nip/publications/longterm-care.pdf>.

For information regarding Code of Federal Regulations for long term care facilities, see <http://www.cms.hhs.gov/manuals/>. □

Elder Abuse Hotline

The Elder Abuse and Neglect Hotline responds to reports of alleged abuse, neglect or financial exploitation of persons 60 years of age or older and other eligible adults between age 18 and 59. The program provides investigation, intervention and follow-up services to victims and stresses the mentally competent adult's right to make their own decisions.

The hotline **1-800-392-0210** operates 24 hours per day, 365 days per year and is staffed by 13 Social Service Workers.

CMS Proposes Rule Change to Install Automatic Sprinkler Systems

By Tracy Cleeton



DA 124 Form Tips

Two multiple-death nursing-home fires in 2003 prompted a General Accountability Office (GAO) investigation and a recommendation that all nursing facilities install automatic sprinkler systems. In turn, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule requiring all long-term care facilities to install and maintain automatic sprinkler systems.

The provisions of the proposed rule are:

- Long-term care facilities that do not have automatic sprinkler systems installed throughout their buildings would be required to install such systems in accordance with *National Fire Protection Association (NFPA) 13, Installation of Sprinkler Systems*, 1999 edition.
- Long-term care facilities would be required to test, inspect, and maintain their sprinkler systems in accordance with *NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water Based Fire Protection Systems*, 1998 edition.

CMS is soliciting public comment about the proposed rule's wording, and how long facilities need to phase-in and install the sprinkler systems. The deadline to submit comments is December 26, 2006. You may do so electronically by visiting the Web site, <http://www.cms.hhs.gov/erulemaking>, and clicking on, "Submit electronic comments on CMS regulations with an open comment period." Written comments are also welcome. Please provide your original comments, along with two copies, to:

Centers for Medicare and Medicaid Services
Attention: CMS-3191-P
P.O. Box 8012
Baltimore, MD 21244-8012

Express mail may be sent to:

Centers for Medicare and Medicaid Services
CMS-3191-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 2144-1850



National Provider Identifiers (NPIs) Get One. Share It. Use It

By Gail Ponder

This is a reminder that every nursing home must apply for a new, unique identifier to use in electronic health-care transactions. The National Provider Identifier (NPI) replaces the different identifiers facilities currently use when doing business with Medicare and other health plans. The new identifier is a requirement of the Health Insurance Portability and

Accountability Act (HIPAA) of 1996. Providers can apply for an NPI online at <https://npes.cms.hhs.gov>, or call 1-800-465-3203 to request a hard-copy application. Just remember: getting an NPI is free and not having one can be costly. □

The following tips will assist the Central Office Medical Review Unit (COMRU) process your DA-124 forms accurately and more quickly:

- **Do not** send numerous documents (Lab work, X-ray reports, History & Physicals) that must be reviewed to find the diagnosis or medications.
- You may send medication sheets if they identify the medication, dose and frequency.
- All diagnoses should be listed on the DA 124 A/B form, section B (9). A sheet of **white** paper with the resident's name printed at the top may be used to continue the list of diagnoses and/or medications.
- The Special Admission categories listed on the DA 124 C form, Section D are intended **only** for persons with a terminal illness, serious physical illness, respite care (30 day limit), emergency provisional admission (7days) or direct transfer from hospital (30 day limit).
- The Special Admission categories are **not** required for persons seeking Nursing Facility admission who do **not** have a diagnosis of mental illness or mental retardation.
- When entering the name of the referral source on the DA 124 A/B form, Section B, (18), identify the complete name of the hospital (do not use initials) and **city**.
- When entering the name of the Nursing Facility on the DA 124 C form, section A, (10) give the complete name of the facility (as identified on the license) and **city**.

New Campaign Advances Excellence in Nursing Homes

By Pam Guyer

A new national campaign is reinvigorating efforts to improve quality of care and life in America's nursing homes, and Missouri nursing homes can climb onboard. The voluntary campaign, *Advancing Excellence in America's Nursing Homes*, kicked off September 29 in Washington D.C., and already includes a coalition of long-term care providers, caregivers, consumers, and government agencies, including the Missouri Department of Health and Senior Services and Primaris.

High quality nursing home care is important to everyone. This campaign is the first national effort to measure quality by setting eight measurable goals listed below. The first four goals are clinical and measure how well a nursing home cares for residents with certain common conditions. The second four are process-related and measure the overall satisfaction and experience of nursing home residents and staff, as well as a nursing home's commitment to quality improvement.

Missouri's nursing homes can voluntarily join the campaign by working on at least three of the goals:

1. Reducing high-risk pressure ulcers;
2. Reducing the daily use of physical restraints;
3. Improving pain management for longer-term nursing home residents;
4. Improving pain management for short stay, post-acute nursing home residents;
5. Establishing individual targets for improving quality;
6. Assessing resident and family satisfaction with the quality of care;
7. Increasing staff retention; and,
8. Improving consistent assignment of nursing home staff, so that residents regularly receive care from the same caregivers.

For more information, visit the official campaign Web site, www.nhqualitycampaign.org.

Nursing homes that would like to join the campaign can:

Step 1 – Register online at www.nhqualitycampaign.org.

Step 2 – Commit to work on three or more of the eight goals, including at least one clinical goal and one process-related goal.

Step 3 – Begin to work/track their progress on the selected goals.

Advancing Excellence in America's Nursing Homes is different from existing national quality initiatives in several respects. It recognizes that campaign success hinges on consumer involvement and outreach, and that consumers will look to see which Missouri facilities choose to participate.

The campaign also acknowledges the critical role consistent nursing home staffing and resident and family satisfaction play in improving care. The campaign Web site offers free technical assistance and guidelines for participating homes.

For more information about *Advancing Excellence in America's Nursing Homes*, please contact Pam Guyer at pguyer@primaris.org. □

Address Changes for Long Term Care Regional Offices

Three regions changed their addresses in the past couple of weeks. Telephone and Fax numbers did not change. The new addresses are:

Region 1	Region 3	Region 7
Landers State Office Building	1410 Genessee	815 Olive Street
149 Park Central, Suite 116	Suite 130	Suite 10
P.O. Box 777	Kansas City, MO 64102	St. Louis, MO 63101
Springfield, MO 65806		



The Long Term Bulletin is published quarterly by the Section for Long-Term Care. Suggestions for future articles may be sent to Sam. Pherigo@dhss.mo.gov, or by calling (573) 526-8570.

If you would like additional information about Long Term Care, please visit the Department of Health and Senior Services on the web at www.dhss.state.mo.us and click on Senior Services.

The Section has also developed a voluntary E-mail List Serve which contains information on grants, upcoming workshops, training schedules, and changes to rules and regulations. To add your name, please notify us at: Sam.Pherigo@dhss.mo.gov or (573) 526-8570.